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AUTHOR Taylor, Elaine M.; And Others
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ABSTRACT

This paper speaks to the need for a methodology for planning indirect services of a mental health nature in schools. For indirect services to be relevant, plans for intervention need to be based on: (1) comprehonsive information about the school; (2) systematic procedures for estimating the relative salience of various problems identified in the school; and (3) an appropriate rationale for assigning priorities for intervention among the problems. Support for indirect services seems to provide consultants and the schools the opportunity to engage in primary prevention efforts. The development of procedures and instruments for assessing mental health needs in schools is discussed. (SJL)

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Paper for the Annual Meeting of the

American Association of Psychiatric Services for Children

MAKING CONSULTATION SERVICES MORE RELEVANT TO SCHOOL NEEDS

Four years ago, in a large urban area of California, a mental health worker began a series of case consultations with the three counselors of a senior high school For two hours each week, these four have engaged in joint problem solving sessions on an individual case basis over the myriad problems of high school students. Now, four years later, they are still doing the same thing.

This school isn't extraordinarily beset by problems but it does have its share of students who are turned off to learning - or at least to "schooling", teenage mothers who won't be able to return to school unless someone makes "special" provisions for them, students who are known to be drug users, and a faculty that is about evenly split between traditional and the more recently broadened goals of education.

What is needed is a methodology for planning indirect services which will be more sensitive to the problems of all groups in the school. For indirect services to be relevant, plans for intervention should be based upon (1) comprehensive information about the school, (2) systematic procedures for estimating the relative salience of the various problems identified in the school, and (3) an appropriate rationale for assigning priorities for intervention among the problems.

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When these conditions are met, the goal of the legislation, which required that Indirect Services be one of the five essential services of a federally-funded community mental health center, will be closer to realization. The inclusion of indirect services in the legislation may be seen as an effort to meet the ever increasing demands upon the time of individual therapists and other caregivers.[1] The strategy was to broaden the reach of the mental health worker by having him engage in consultations, educational projects, and development of special programs for groups at risk. The recipients of these services, who were in direct contact with the clients, would presumably develop greater competence in handling potential and actual mental health problems.

Support for indirect services seemed to provide a real opportunity to engage in primary prevention efforts: (1) by ameliorating conditions commonly associated with the development of mental or emotional problems, and (2) by providing treatment when symptoms of such distrubance are first detected.

Most mental health facilities have placed a major emphasis upon schools as recipients of their indirect services. The reasons are obvious:

> "The education system has such extensive contact with so many persons at so formative a period in their lives that its potential influence on the emotional development of children is second only to that of the family."[2]

While consultants have tended to devote much attention to schools, compared to other agencies, the indirect services provided have often dealt

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[1]G. A. Albee forecast them as eventually insurmountable in his chapter, "The Relation of Conceptual Models to Manpower Needs", which appears in Emergent Approaches to Mental Health Problems, New York: Appleton-Century-Crofts, 1967, 63-73.

[2]MacLennan, Beryce, et al, in the "Foreword" to "Preliminary Handbook on Procedures for Evaluating Mental Health Indirect Service Programs in Schools", Ernest K. Montague and Elaine N. Taylor, HumRRO Technical Report 71-18, August 1971.

with trivial problems relative to the school's needs. Planning more relevant services requires that the consultant and the school follow systematic procedures in identifying problems and selecting treatments. The procedures recommended here involve: (see Slide 1)

1. Surveying school needs
2. Identifying the most salient problems
3. Specifying objectives and selecting treatments
4. Assigning priorities for intervention

For the past two years, my colleagues and I have been working on the development of procedures and instruments for assessing mental health needs in schools.[3] Three instruments have been produced. Two are questionnaires to be administered to staff and students. The third instrument is a guide to be followed by a consultant in interviewing a principal about his perceptions of the most pressing needs (and greatest strengths) of his school.

The primary purpose of these survey instructions is to screen for problems which may be amenable to treatment through indirect services. The content of the instruments is based upon our conceptualization of a school (shown in Slide 2) as a moderately autonomous subsystem of a community - a subsystem consisting of human elements (the students, the teachers, and the principal or administration), and institutional elements (procedures, rules, role definitions, channels of communication, etc.). Problems in a school

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[3]This research was supported by a grant from the National Institute of Mental Health and is reported in a manual: Procedures for Surveying School Problems: Some Individual, Group and System Indicators by Elaine N. Taylor, Robert Vineberg, and S. James Goffard, HumRRO Technical Report 74-22, October 1974.

can arise from a number of sources: from within one of the human elements, at one of the three interfaces among the human elements, between the school and the larger system, i.e. the community, or from incompatibilities between the human and the institutional elements (inefficient procedures, abrasive rules, obscurities or disparities in role definitions, etc.).

As you can see in the handouts, the Problem Area Survey for Staff consists of 70 items and the Problem Area Survey for Students of 49 items. The student questionnaire has been designed for administration in junior and senior high schools. (The required reading level of the instructions is estimated to be high sixth grade.) The time taken by either staff or students to complete their respective forms is about 20 minutes.

One page in the handout, titled "Common and Unique Items on Staff and Student Questionnaires", shows that forty items are common to both forms. This table also provides the problem area names under which items are grouped. These are: School Attractiveness, Student Characteristics and Relationships, Teacher-Student Relationships, Teacher Characteristics and Relationships, Principal-Student Relationships, Principal-Teacher Relationships, School-Community Relationships, Student Problems, Community Problems, Administrator Problems, Facility Problems, and Teacher Problems. Also included in the handouts are a summary sheet for displaying staff and student responses to each item, and a profile form for displaying the staff and student responses by problem area.

The School Demographic Information form is designed to provide the consultant with considerable background information about the school. Together, the consultant and the principal can systematically explore those features of

a school and its setting which may give rise to problems or which may act as constraints upon possible solutions to problems. In the closing phase of this interview, the principal is asked to give his perceptions of the most pressing needs and problems of the school as well as its greatest strengths. During development of the instructions 50 schools cooperated in data gathering. The reception to this interview on the part of the principals, was very positive; depending upon the principal's interest in discussing and amplifying various issues, the interview takes from one to two hours.

Once questionnaire data have been gathered and analyzed, it is a simple matter to display the most salient problems as perceived by staff and students. These problems, along with the principal's list of most important problems, can then be considered as candidates for intervention.

So far, I have covered surveying school problems and identifying those which appear to be most important to staff, students, and principal. Although one particular set of survey instruments has been described, the real point here is the need to make a comprehensive survey of the school and identify those problems perceived as most important. If a school is quite small, e.g. having fewer than 15 staff members, interviewing them and a sample of students is probably more appropriate than collecting data by administering questionnaires.

Assuming that the most salient problems in the school have been identified the next step is to state the objectives of intervention and select the most appropriate treatments. In stating objectives, the target population and the nature of desired change must be specified. The suitability of different treatments will vary depending upon the nature of the problem and the objective of the intervention. Broadly speaking, the problem may be either about people and their behaviors or it may be about the system. As shown in Slide 3, if

the problem is behavioral, and the nature of the desired change is cognitive, then lectures, seminars, workshops, and other means of imparting information would appear to be suitable treatments. On the other hand, if the desired change is affective in nature, then more suitable treatments would appear to be role playing, sensitivity training, or other techniques which allow people to gain understanding of the consequences of their own behavior and to rehearse new ways of behaving.

If problems are systemic in nature and changes are desired in the program or the policies, then the first step in treatment would logically be to analyze resources or analyze barriers to change, respectively. Analysis of resources can lead to reorganization of staff, new ways of utilizing staff skills, or acquisition of new skills and talents, to name a few solutions. Obviously recognition of current policies that are inefficient or abrasive to a sizeable number of people will often lead to immediate changes. In other instances, an analysis of barriers to change will involve branching to changes in affective behavior.

The significance of this step in the planning procedure is to insure that the treatment matches the nature of change desired. If the problem has been analyzed so that the target element and the nature of desired change are clearly specified, the treatments should be the ones most likely to lead to successful outcomes.[4]

The final step in planning indirect services is to assign priorities for implementing the chosen treatments. To establish priorities, two judgments

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[4]Also, the measures for evaluating the outcome of the intervention should be fairly self-evident as a result of such analysis.

need to be made: (1) what is the relative impact of the various problems on accomplishment of the educational goals of the school, and (2) what is the estimated cost/benefit of the various programs that have been selected?

The impact of a problem, or its potential to disrupt attainment of educational goals, depends upon the nature of the problem and the number of persons affected by it. The guidelines that we have developed for making judgments about impact are shown on the next slide (Slide 4).

1. Problems ranking highest in impact are those which have the potential to render the school inoperable. Racial conflict and student unrest are, under some conditions, such problems.
2. Generally, next in order of disruptiveness are those problems which preclude effective learning by sizeable numbers of students. Linguistic barriers between students and teachers (in the form of a foreign language or even of non-standard English) and drug abuse are sometimes such problems. Since they virtually preclude communication between teachers and students, they interfere with learning as well.
3. Problems that might be judged moderately disruptive are systemic problems of the school which interfere with the successful accomplishment of its mission. Difficulties in interpersonal communication among the school staff, or of role definition, intergroup conflicts over school goals and policies, inequities or uncertainties in policy-setting or in decision-making are examples.
4. Finally, rankings at the lower end of the disruptiveness scale might be assigned to problems that interfere with the learning and/or socialization of individual students, for example, the underachieving student, the habitual absentee, etc.

While usually only one intervention will be undertaken at any given time, (yet) the priorities of the proposed interventions should not be judged independently. The assignment of priorities should be based upon an arrangement (sequence or combination) of treatments which will maximize the total benefit of Indirect Services to a school. The combination chosen will need to be based on trade-off in terms of impact (as outlined a moment ago), cost in time, personnel and money for each treatment and the probable pay-off or presumed outcome of each treatment.

In assigning priorities, it is presently not feasible to attempt very fine discriminations in the mathematical sense of applying formulae to determine optimum pay-off of different combinations of intervention. The final assignment of priorities still depends upon the judgments of persons doing the planning. However, if the factors outlined in this paper are all given consideration in the planning process, a rational and defensible plan for indirect services should develop.

In closing, I would like to borrow from Dr. Ira Iscoe's description of the competent community. This description can be found in an article based upon his Presidential Address (in 1972) to the Division of Community Psychology of the American Psychological Association. With Dr. Iscoe's permission I have substituted the work "school" for "community" in quoting him.

> "The development of the competent [school] involves the provision and utilization of resources". . ."so that the members of the [school] may make reasoned decisions about issues confronting them, leading to the most competent coping with these problems. . . Conceptually the competent [school] is one that utilizes, develops, or otherwise obtains resources, including of course the fuller development of the resources of the human beings in the [school] itself."

Dr. Iscoe continues in this paper,

> "It is not the presence of problems but the manner in which they are coped with that is all important. Success in coping with one type of problem should broaden the repertoire of skills of the [school] and enhance its possibility of more effective coping with other problems that arise."[5]

If part of the role of the mental health consultant is to assist in achieving this condition - the competent school - then a systematic procedure should be followed in planning indirect services that will be most relevant to school needs.

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[5]"Community Psychology and the Competent Community", in the American Psychologist, by Dr. Ira Iscoe, August 1974, Vol. 29, No. 8, pp. 607-613.

Slide 1

Steps in Planning

1. Survey of school needs
2. Identification of problems
3. Specification of objectives and selection of treatments
4. Assignment of priorities for intervention

Slide 2

Community

Human Elements	Institutional Elements
Students ⟷ Students	Procedures
Teachers ⟷ Teachers	Rules
Principal and Administrative Staff	Role Definitions
	Channels of Communication
	Etc.

Slide 3

Selecting treatment:

If problem is . . .	and desired change is . . .	then appropriate treatments may be . . .
a. Behavioral	Cognitive	Lecture, seminar, workshop, etc.
b. Behavioral	Affective	Role playing, sensitity training, etc.
c. Systemic	In Program	Analysis of resources*
d. Systemic	In Policy	Analysis of barriers*

* Logical first steps in treatment

Slide 4

Impact upon attainment of educational goals:

Nature of problem

Number of persons affected

1. Potential to render school inoperable
2. Preclude learning by groups of students
3. Systemic problems
4. Individual student problems